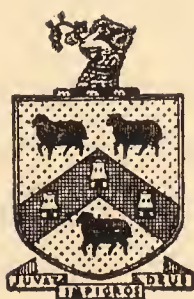


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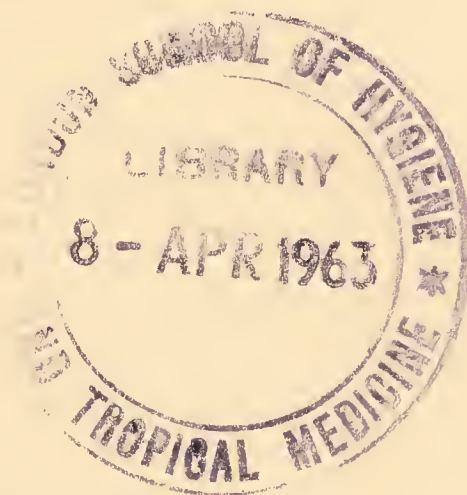
County Borough



of Huddersfield

ANNUAL REPORT ON THE SCHOOL HEALTH SERVICE

FOR
1961



R. G. DAVIES, M.D., D.P.H., Barrister-at-Law.
Principal School Medical Officer

PRESTON BROS. (PRINTERS) LTD., HUDDERSFIELD.



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COUNTY BOROUGH OF HUDDERSFIELD

Education Committee 1961

	Chairman: Alderman J. L. DAWSON, M.A., J.P.	
Alderman	H. F. Brook, J.P.,	Councillor F. Lawton, J.P.,
	(The Mayor)	„ J. Lennox, M.A.,
„	J. A. Bray	„ D. Sisson.
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„	J. T. Gee	Co-opted Members:
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	M.B.E.	Mrs. B. Cole, J.P.
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„	L. Hirstwood	Rev. F. Thewlis
„	P. M. Jessop	

School Health Staff**Principal School Medical Officer:**

R. G. DAVIES, M.D., D.P.H., Barrister-at-Law

Deputy Principal School Medical Officer:

D. P. ADAMS, M.B., Ch.B., D.P.H. (Ceased duty 5.4.61)

Senior Assistant School Medical Officer:

Euphemia T. Guild, M.B., Ch.B., D.P.H.

Assistant Medical Officers of Health/School Medical Officers:

Irene M. K. Ovenstone, M.B., Ch.B., D.P.H. (Ceased duty 31.10.61)

Margaret M. Bodoano, M.B., Ch.B.

Matthew H. Moles, M.B., B.Ch., B.A.O. (Ceased duty 23.6.61)

Michael A. Hill, M.B., Ch.B. (Commenced 21.8.61)

Ronald Williams, M.B., B.S., D.R.C.O.G. (Commenced 2.10.61)

Consultants: (By arrangement with Leeds Regional Hospital Board).**Ophthalmic Surgeon (Part-time)**

William M. C. Gilmour, M.B., D.O.M.S.

Orthopaedic Surgeon (Part-time)

John Hunter Annan, M.B., F.R.C.S.

Skin Specialist (Part-time)

Alexander J. E. Barlow, M.D., M.R.C.S., L.R.C.P., Ch.B.

Psychiatrist (Part-time)

Irene Turgel, M.D.

Principal School Dental Officer

Alexander B. Shields, L.D.S., R.F.P.S.

School Dental Officer (Full-time)

Thomas H. Madden.

Dental Officers employed on a sessional basis

Herbert Britton, L.D.S. (ceased duty 11.9.61).

Neil Brierley, B.Ch.D., L.D.S. (commenced 5.10.61)

Educational Psychologist

K. T. Pickup, B.A. (Hons. Psychol.)

Social Worker (Part-time)

Miss M. E. Porritt, S.R.N., S.C.M., H.V.Cert.

Speech Therapist (Full time)

Thomas R. Francis, L.C.S.T.

Speech Therapist (Part-time)

Mrs. S. Brough, L.C.S.T. (Commenced 2.10.61).

Physiotherapist (Full-time)

Mrs. W. G. Ritchie, M.C.S.P., O.N.C.

Physiotherapy Assistant (Part-time)

Mrs. B. Brook, B.Sc.

Superintendent Health Visitor/School Nurse

Miss M. E. Porritt, S.R.N., S.C.M., H.V.Cert.

Health Visitor/School Nurses

Mrs. M. Bainbridge, S.R.N., S.C.M., H.V.Cert.

Miss. G. I. Callon, S.R.N., S.C.M., H.V.Cert. (Commenced 3.7.61)

Miss N. Cannell, S.R.N., S.C.M., H.V.Cert.

Miss C. Clarke, S.R.N., S.C.M., H.V.Cert.

Miss M. Hood, S.R.N., S.C.M., H.V.Cert.

Miss L. Nattrass, S.R.N., S.C.M., H.V.Cert.

Miss E. O'Sullivan, S.R.N., H.V.Cert.

Miss P. Roebuck, S.R.N., S.C.M., H.V.Cert.

Mrs. M. Sutcliffe, S.R.N., S.C.M., H.V.Cert.

Mrs. C. M. Sutton, S.R.N. (Acting)

Miss D. Easter, S.R.N., S.C.M. (Trainee) (Commenced 2.1.61).

Mrs. W. Raspin, S.R.N. (Trainee) (Commenced 24.4.61).

School Nurses/Clinic Nurses

Mrs. Muff, S.R.N. (Full-time)

Mrs. D. Jones, S.R.N., S.C.M. (Full-time).

Mrs. M. Ashley, S.R.N., S.C.M., R.S.C.N. (Full-time).

Mrs. P. Crowther, S.R.N. (Part-time)

Mrs. M. Eastwood, S.R.N. (Part-time)

Mrs. L. Thornton, S.R.N. (Part-time)

Clerical Staff

Mrs. N. Fountain

Mrs. R. Hawkyard

Mrs. P. M. Turner (Ceased duty 30.6.61)

Mrs. J. Hicks

Miss M. Eastwood (Commenced 29.6.61)

Mrs. P. Gadd (Dental Attendant/Clerk)

Miss W. Rogers (Commenced 19.6.61) (Dental Attendant/Clerk)

Mrs. P. Preston (Dental Attendant/Clerk) (Ceased duty 31.5.61)

Mrs. D. M. Meade (Child Guidance Clinic)

To the Chairman and Members of

THE EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the School Health Service for the year ended December 31st, 1961. The statistical tables embodied in the Report have been prepared in the form approved in previous years by the Ministry of Education.

There were several changes in the medical staff during 1961. Dr. Adams, the Deputy Principal School Medical Officer, resigned to take up duties in Stoke-on-Trent at the beginning of the year and had not been replaced at the end of the year. Two assistant medical officers left during the year and were replaced by two others.

The position as regards the School Dental Service remained the same. One dental officer, employed on a sessional basis, ceased to work for us, but we were able to obtain a replacement for a certain number of sessions. With only the equivalent of just over two full time dental officers to undertake all the work, the position cannot be regarded as satisfactory.

The routine work continued as usual throughout the year, both in respect of ordinary school examinations and in respect of handicapped pupils. The findings based on these are given in the body of the report.

B.C.G. vaccinations continued to be carried out at schools and this year there was a 62% acceptance as compared with 43% in 1960. Of the 1,469 children whose parents agreed to receive the initial skin tests, only 181 were positive. This means that by far the larger number of children today have not been exposed to infection by tuberculosis. The number of children actually vaccinated was 1,109 compared with 823 in the previous year.

Immunisation against poliomyelitis also continued to be carried out at schools.

The experiment of putting in a nurse on the Salendine Nook campus continued to be a success and the nurse is now full time at the schools. All three head teachers have expressed their approval and I think the scheme is welcomed by pupils and parents. The presence of the nurse can save much time that would otherwise be wasted in the child having to attend for minor treatment at the Clinic or Doctor's surgery and so indirectly helps the other branches of the medical services in the Town.

As risks from infectious diseases and their sequelae decrease, and children become apparently more healthy, I feel more and more emphasis must be placed on health education, so that healthy children can grow up into healthy adults. With this in view the School Health Service has offered its services to the schools on a variety of subjects of health education. The Principal School Medical Officer, the Medical Officers and the Nurses have visited schools and lectured on a variety of subjects. As I have said in previous Annual Reports, it is hoped that head teachers will call on us even more in the future

for the very special contribution of this nature that the School Health Service can give with its specialised knowledge.

The body of the Report contains a full report concerning the School Dental Service, the Child Guidance Clinic, Speech Therapy and also the report of the General Organiser for Physical Education.

I would again express my thanks to the Chief Education Officer and his staff for all the help they have given us during the year, and also to the Committee for their continued help and encouragement.

Yours faithfully,

R. G. DAVIES,

Principal School Medical Officer.

HEALTH DEPARTMENT,
HUDDERSFIELD.

JUNE, 1962

County Borough of Huddersfield

MEDICAL INSPECTION
OF SCHOOL CHILDREN

ANNUAL REPORT for the Year 1961

SCHOOLS IN THE AREA

Primary	39
Secondary Modern	9
Selective Secondary	5

THE SCHOOL HEALTH SERVICE IN RELATION TO
PRIMARY AND SECONDARY SCHOOLS

Routine Examinations:—The following table shows the number of children examined during the year in the age groups subject to periodic medical inspections:—

PERIODIC MEDICAL INSPECTIONS

Entrants (Primary Schools)	1887
Intermediates	1853
Leavers (Primary and Secondary Modern Schools)	1527
Leavers (Selective Secondary Schools)	1098
Total	6365

OTHER INSPECTIONS

Number of Special Inspections	5657
Number of Re-Inspections	1214
Total	6871

FINDINGS OF MEDICAL INSPECTIONS

(a) PHYSICAL CONDITION. The classification of physical condition varies a little from 1960, fewer children being classified as unsatisfactory. Out of the total of 6365 children examined at medical inspection during the year 6361 were classified in the Satisfactory group and 4 in the Unsatisfactory group.

(b) MINOR AILMENTS AND DISEASES OF THE SKIN. Treatment of minor ailments is carried out at the Central School Clinic, at the Salendine Nook Clinic and Greenhead Clinic. Tables showing the nature and number of defects dealt with are given later in the report. These tables show that out of 7308 attendances 2761 were made by children suffering from minor skin diseases, and 798 cases were dealt with during the year, made up as follows:—

Central Clinic	Salendine Nook Clinic	Greenhead Clinic	Total
3439	3858	11	7308
1311	1441	9	2761
471	323	4	798

The following figures show the number of cases of skin diseases dealt with during 1961 compared with 1960:—

					1960	1961
Ringworm:	Head	...	...	...	—	—
	Body	...	...	...	4	3
Scabies	...	...	...	...	1	11
Impetigo	...	...	...	...	15	18
Other Skin Diseases (Non-Tuberculous)	...	...	...	...	575	766

The total number of attendances at the Clinics were 7308 compared with 4029 in 1960.

(c) VISUAL DEFECTS AND EXTERNAL EYE DISEASES. The following figures show the number of cases of defective vision (excluding strabismus) found at medical inspection to require treatment during recent years:—

Year	Number
1957	845
1958	786
1959	837
1960	796
1961	827

The number of cases of external eye disease found at medical inspections to require treatment is shown by the following figures:—

					1960	1961
Blepharitis	...	...	...	...	6	9
Conjunctivitis...	...	...	...	...	3	5
Corneal Opacities	...	...	...	...	—	—
Other conditions (excluding defective vision and squint)	...	...	...	...	6	10
Total	...	...	...	...	15	24

(d) NOSE AND THROAT DEFECTS. The commonest defect of this kind was chronic tonsillitis. Cases found were as follows:—

					1960	1961
Chronic tonsillitis only	...	...	...	...	94	50
Adenoids	...	...	...	...	6	8
Chronic tonsillitis and adenoids	...	...	...	...	14	25
Other conditions	...	...	...	...	27	36
Total	...	...	...	...	141	119

(e) EAR DISEASE AND DEFECTIVE HEARING. 52 cases of ear defects requiring treatment were found at medical inspection during the year. They were classified as follows:—

					1960	1961
Defective hearing	...	...	...	...	27	25
Otitis Media	...	...	...	...	25	21
Other Conditions	...	...	...	...	8	6
Total	...	...	...	...	60	52

(f) DENTAL DEFECTS. The percentage of children referred for treatment on account of dental defects was 6.83%. Dental inspections are carried out at the schools by the dental officers as staffing permits.

(g) ORTHOPAEDIC AND POSTURAL DEFECTS. 143 cases of orthopaedic and postural defects requiring specialised treatment were found at medical inspection during the year, and 96 cases with minor degree of deformity or malposture were referred for observation.

(h) HEART DISEASE. Five cases of heart disease were found during 1961.

(i) ANAEMIA. One case of simple anaemia was found to require treatment during the year.

(j) TUBERCULOSIS. No cases of tuberculosis were noted at the routine medical inspections held during 1961.

HEIGHTS AND WEIGHTS

(Children aged 5, 10 and 14 years medically inspected during 1961)

Age Years	Number examined		Average weight lbs.		Average Height ins.	
	1951	1961	1951	1961	1951	1961
5 (Boys)	478	666	44.91	43.45	44.00	43.81
		(633)		(43.96)		(43.90)
5 (Girls)	493	576	42.95	41.93	43.43	43.43
		(593)		(42.46)		(43.49)
10 (Boys)	348	410	70.97	71.96	54.01	54.26
		(405)		(70.72)		(54.24)
10 (Girls)	311	338	70.23	71.72	53.69	53.70
		(398)		(70.05)		(54.01)
14 (Boys)	193	179	105.76	108.06	62.23	62.80
		(104)		(106.54)		(62.70)
14 (Girls)	193	128	107.85	108.84	61.69	62.38
		(117)		(113.07)		(61.96)

These figures show little change when compared with the previous year, apart from the 14-year-old girls who show a marked decrease in weight.

The figures in brackets show the heights and weights for the previous year and the corresponding figures for ten years ago, are given for comparison.

HEIGHT AND WEIGHT OF SCHOOL ENTRANTS (5 YEARS)

Year	BOYS		GIRLS	
	Weight	Height	Weight	Height
1912	38.68	40.68	37.74	40.44
1929	41.53	43.32	40.53	42.72
1946	43.68	43.72	42.43	43.00
1951	44.91	44.00	42.95	43.43
1956	42.54	43.87	41.33	43.59
1961	43.45	43.81	41.93	43.43

NUMBER OF CHILDREN EXAMINED AT ROUTINE MEDICAL INSPECTION
DURING 1961 AND FOUND TO HAVE HAD TONSILLECTOMY

BOYS

Age Groups Inspected	Number examined	Tonsil- lectomy	Percent
Entrants—Primary Schools	990	41	4.14
Intermediates	989	173	17.49
Leavers—Primary and S.M.	781	155	19.85
Leavers—Selective Secondary	612	120	19.61

GIRLS

Age Groups Inspected	Number examined	Tonsil- lectomy	Percent
Entrants—Primary Schools	897	36	4.01
Intermediates	864	118	13.66
Leavers—Primary and S.M.	746	151	20.24
Leavers—Selective Secondary	486	81	16.67

FOLLOWING UP

During the year the School Nurses paid 130 visits to homes of children and 787 visits to schools, compared with 80 visits to homes and 846 visits to schools in the previous year. During the past year “follow up” visits were paid only to those cases which in the opinion of the School Medical Officer really needed them. The following table is a summary of their work:—

NUMBER OF DEFECTS FOLLOWED UP
BY SCHOOL NURSES

<i>Defect</i>	<i>No.</i>
UNCLEANLINESS	
Head	226
Body	6
SKIN	7
EYE	
Defective Vision	70
Squint	23
Other conditions	6
EAR	
Defective hearing	1
Otitis Media	1
Other conditions	1
NOSE AND THROAT	4
DEFECTIVE SPEECH	2
LUNGS	1
DEFORMITIES	3
PHYSICAL DEVELOPMENT	1
PSYCHOLOGICAL	3
OTHER DEFECTS AND DISEASES	40
Total	395

1106 clinic sessions were worked by School Nurses during 1961.

ARRANGEMENTS FOR TREATMENT

Treatment is carried out at the following School Health Service Clinics:—

Central Clinic Ramsden Street	Child Guidance Clinic Clare Hill	Aspley School Health Centre, Aspley.
Dental Clinic	Child Guidance Clinic	Physiotherapy Clinic
Ear, Nose and Throat Clinic.	Speech Clinic.	Ultra Violet Light Clinic.
Ophthalmic Clinic.		
Orthopaedic Clinic		
School Clinic.		
Skin Clinic.		

The number of sessions held are included in the data dealing with individual clinics.

Clinics are held also at Salendine Nook (to cater for the 3 schools in the area), Greenhead Clinic, and the Huddersfield College of Technology for the treatment of minor ailments.

The following tables show the number of cases dealt with and the number of attendances at these Clinics. Report on the Child Guidance Clinic and the Dental Clinics will be found at the end of this Report:

PHYSIOTHERAPY CLINIC

Number of Clinics held ... 414

Cause or Defect	On treat- ment at b'nnng of year	New Cases	Cause			No. dis- continued during year	Total Attend- ances
			Ortho- paedic Clinic	R.M.I.	Other		
CONGENITAL:							
C.D.H.	—	1	1	—	—	—	23
Club Feet	7	6	5	—	4	6	372
Cerebral Palsy	3	3	3	—	—	4	62
Spina Bifida	6	5	5	—	—	6	89
Flat Foot	1	8	8	—	—	6	109
Scoliosis	1	6	6	—	—	4	82
Undifferentiated	13	13	11	—	2	13	154
ACQUIRED CONDITIONS:							
A.P.M.	15	13	12	1	—	8	462
Other pareses of Limbs ..	2	2	2	—	—	1	76
CHEST CONDITIONS	7	16	—	5	11	13	259
POSTURAL DEFORMITIES							
Curly toes	39	65	27	24	14	72	907
Hallux Valgus	22	30	19	10	1	30	522
Pes Cavus	4	9	8	—	1	11	153
Pes Planus	53	97	45	30	22	98	1154
Poor Posture	22	27	1	23	3	23	156
Kyphosis	—	3	2	—	1	3	48
Genu Valgum	3	10	4	2	4	11	90
Genu Varum	—	—	—	—	—	—	—
BIRTH INJURY							
Spastic Hemiplegia	4	7	7	—	—	5	124
Torticollis	4	2	1	1	—	2	91
Other	—	2	2	—	—	1	19
PERTHES DISEASE	—	—	—	—	—	—	—
ACCIDENT	2	4	3	—	1	4	27
OTHER	14	40	28	4	8	31	737
TOTALS	222	369	200	100	69	352	5716
AVERAGE ATTENDANCE PER CLINIC		0.89	0.48	0.24	0.17	0.85	13.81

OPHTHALMIC CLINIC

Number of Clinics held 120

Defect or Disease					New Cases	No. of these referred from S.M.I.	Total Attend-dances	Referred elsewhere for treatment
EYE								
Blepharitis	..	..	..	..	6	—	6	—
Conjunctivitis	..	..	..	..	3	—	5	—
Defective vision	..	..	..	..	1143	159	1143	—
Squint	..	..	..	..	242	7	242	6
Other conditions		..	..	..	67	6	67	1
TOTAL	..	..	..	..	1461	172	1463	7
AVERAGE ATTENDANCE PER CLINIC					12.18	1.43	12.19	0.06

The average attendance at this clinic remained more or less constant.

B.C.G. VACCINATION

No. of children for Skin Test	...	...	...	...	1469
No. of children positive	...	...	...	...	181
No. of children negative	...	...	...	...	1271
No. of children vaccinated	...	...	...	...	1109

The acceptances this year, out of a total of 2685 letters sent were, 62% as compared with 43% in 1960, and 1469 children received the initial skin test.

SCHOOL CLINIC

Number of Clinics held 252

Defects or Disease	New Cases	No. of these referred from S.M.I.	Total Attendances	Referred elsewhere for treatment
UNCLEANLINESS	331	3	1013	—
SKIN—Acne	2	—	2	—
Athletes Foot	23	10	42	1
Boils and Abscesses	19	—	49	1
Eczema	5	—	10	1
Impetigo	16	2	52	—
Ringworm—Scalp	—	—	—	—
Body	3	—	4	—
Scabies	11	—	77	—
Warts and Verrucae	237	18	783	8
Other (Non T.B.)	155	9	292	16
Minor injuries	189	—	322	40
EYE—Blepharitis	2	—	6	—
Conjunctivitis	22	—	58	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Squint	3	—	3	3
Defective vision	57	1	61	—
Other	82	2	142	6
EAR—Defective hearing	42	13	60	14
Otitis Media	15	—	16	10
Other	27	6	44	6
NOSE AND THROAT	—	—	—	—
Enlarged tonsils	8	1	9	4
Adenoids	1	1	1	—
Tonsils and adenoids	3	—	3	1
Other	47	5	64	10
ENLARGED CERVICAL GLANDS (Non T.B.)	1	—	1	—
DEFECTIVE SPEECH	6	—	6	1
DEFECTIVE TEETH	4	—	4	4
LUNGS—Bronchitis	—	—	—	—
Other (Non T.B.)	4	—	4	—
NERVOUS SYSTEM—	—	—	—	—
Epilepsy	1	—	1	1
Chorea	—	—	—	—
Other	13	—	16	1
DEFORMITIES—	—	—	—	—
Pes Planus	6	—	6	—
Other	30	—	37	2
OTHER DEFECTS AND DISEASES	195	4	251	35
TOTAL	1560	75	3439	166
AVERAGE ATTENDANCE PER CLINIC	6.19	0.30	13.65	0.66

The numbers attending the school clinic showed an increase and there was also an increase in the average number of attendances at the clinic. The main single items for which children attended the clinic were for uncleanliness and warts and verrucae. The main conditions causing attendance were various skin conditions and minor injuries.

SALENDINE NOOK CLINIC

Number of Clinics held 309

Defect or Disease	New Cases	No. of these referred from S.M.I.	Total Attendances	Referred elsewhere for treatment
UNCLEANLINESS	9	—	301	—
SKIN				
Acne	13	—	13	—
Athletes Foot	69	—	292	—
Boils and Abscesses	49	—	107	—
Eczema	2	—	4	—
Impetigo	2	—	2	—
Warts and Verrucae	167	—	995	—
Other (Non T.B.)	21	—	28	—
Minor injuries	779	—	1324	14
EYE				
Blepharitis	3	—	3	—
Conjunctivitis	13	—	18	—
Defective vision	2	—	2	—
Other	51	—	75	1
EAR				
Defective hearing	1	—	1	—
Other	17	—	25	—
NOSE AND THROAT				
Enlarged tonsils	—	—	—	—
Adenoids	—	—	—	—
Other	28	—	29	—
ENLARGED CERVICAL GLANDS (Non T.B.)	3	—	3	—
DEFECTIVE SPEECH	—	—	—	—
DEFECTIVE TEETH	9	—	9	1
LUNGS—Bronchitis	1	—	1	—
Other (Non T.B.)	—	—	—	—
NERVOUS SYSTEM				
Epilepsy	1	—	1	—
Other	22	—	29	—
OTHER DEFECTS AND DISEASES	531	—	596	—
TOTAL	1793	—	3858	16
AVERAGE ATTENDANCE PER CLINIC	5.80	—	12.49	0.05

GREENHEAD HIGH SCHOOL CLINIC

Number of Clinics held 40

Defect or Disease	New Cases	No. of these referred from S.M.I.	Total Attendances	Referred elsewhere for treatment
UNCLEANLINESS	—	—	—	—
SKIN				
Warts and Verrucae	4	—	9	—
Other (Non T.B.)	—	—	—	—
Minor injuries	2	—	2	—
EYE	—	—	—	—
EAR	—	—	—	—
NOSE AND THROAT	—	—	—	—
LUNGS	—	—	—	—
NERVOUS SYSTEM	—	—	—	—
OTHER DEFECTS AND DISEASES	—	—	—	—
TOTAL	6	—	11	—
AVERAGE ATTENDANCE PER CLINIC ..	0.15	—	0.28	—

ORTHOPAEDIC CLINIC

Number of Clinics held 49

Type of Defect	New cases	No. referred from S.M.I.	Total attendance
CONGENITAL—			
C.D.H.	1	—	8
Club Feet	—	—	21
Cerebral Palsy	—	—	8
Spina Bifida	—	—	13
Undifferentiated	7	1	47
ACQUIRED CONDITIONS—			
A.P.M.	4	1	58
Other Paresis of Limbs	1	—	3
TUBERCULOSIS			
Bone	—	—	1
Joint	—	—	1
DEFORMITY OF CHEST	2	1	5
POSTURAL DEFORMITIES			
Kyphosis	1	1	3
Pes Cavus	4	1	28
Pes Planus	31	10	181
Poor Posture	3	1	11
Scoliosis	7	1	31
Genu Valgum	17	1	64
Genu Varum	2	—	10
BIRTH INJURY			
Erb's Palsy	—	—	3
Spastic Hemiplegia	3	2	19
Torticollis	3	3	20
Other	—	—	2
PERTHE'S DISEASE	1	—	7
OSTEOCHONDRITIS	3	1	12
OSTEOMYELITIS	—	—	6
ACCIDENT	8	2	22
OTHER	93	20	451
TOTAL	191	46	1035
AVERAGE ATTENDANCE PER CLINIC ..	3.90	0.94	21.12

Number of children recommended In-patient treatment ..	35
Out-patient treatment (Massage and Exercises)	1
Number of children referred for X-ray	75
Number of children recommended new appliances or alterations to old appliances	31
Number of children recommended other treatment ..	6

ULTRA VIOLET LIGHT CLINIC

Number of Clinics held 72

Defect or Disease	New Cases 1st Course	New Cases 2nd Course	Referred from own doctor	Referred from S.M.I.	Total attend- ances
MALUTRITION	—	—	—	—	—
SKIN—					
Boils	1	—	—	—	2
Other conditions	5	1	2	2	148
ENLARGED CERVICAL GLANDS ..	—	—	—	—	—
LUNGS—					
Bronchitis	—	—	—	—	50
Other (Non T.B.)	4	—	4	—	67
NERVOUS SYSTEM					
Chorea	—	—	—	—	—
Other conditions	1	—	1	—	—
OTHER DEFECTS AND DISEASES ..	9	—	2	4	173
TOTAL	20	1	9	6	440
AVERAGE ATTENDANCE PER CLINIC	0.28	0.01	0.13	0.08	6.11

CHIROPODY CLINIC

	New cases	Referred from RMI	Total attendance
Warts and Verrucae	127	13	1046
Athletes Foot	8	1	20
Other	35	5	174

IMMUNISATION CLINIC

Immunisation clinics were held as usual during the year. The following figures show the number of children dealt with:—

Number of children immunised against:—

Diphtheria	1514
Diphtheria and Pertussis combined	109
Pertussis	104

At the end of 1961 it was estimated that 77.03% of the children between the ages of five and fourteen, and 54.70% of the children between the ages of one and four, and 28.90% of the children under one year, had received this protection against diphtheria.

MEDICAL EXAMINATIONS

124 medical examinations for the purpose of completing Forms 10R (Med), 4 R.T.C. and 28 R.Q. were carried out during the year by the School Health Service.

INFECTIOUS DISEASES (NOTIFIABLE)

The following table shows the number of cases of infectious diseases as occurring amongst children aged five to fifteen years, notified during the last five years.

				1957	1958	1959	1960	1961
Scarlet Fever	...	...	...	112	124	141	100	39
Measles	...	...	...	1239	6	797	23	1305
Whooping Cough		...	...	8	34	21	96	23
Dysentery	...	...	...	152	292	84	243	338
Pneumonia	...	...	...	12	11	10	5	5
Tuberculosis								
Pulmonary	...	...	...	1	2	3	1	2
Non-Pulmonary	...	...	...	5	3	1	2	1
Acute Poliomyelitis	...	...		—	7	3	—	—
Meningococcal Infection			...	—	—	2	—	—
Para-Typhoid	...	...	...	—	1	—	1	—
Food Poisoning	...	...	...	7	8	—	2	—
Encephalitis	...	...	...	—	—	1	—	—

HANDICAPPED PUPILS

DEFECT	SPECIAL SCHOOLS	Pupils as- certained during 1961	Total No. now known in Borough 31.12.61	Number at Special Schools 31.12.61
BLIND:	.. .. .	—	4	3
	Condover Hall, Shrewsbury 1			
	Sheffield School for Blind 2			
PARTIALLY SIGHTED:	.. .. .	—	6	5
	Exhall Grange, Coventry 1			
	Preston School for Partially Sighted .. 2			
	Temple Bank, Bradford 2			
DEAF:	.. .. .	—	7	7
	Odsal House, Bradford 3			
	Royal School for Deaf, Doncaster .. 1			
	St. John's Boston Spa 2			
	Mary Hare Grammar School for Deaf, Newbury 1			
PARTIALLY DEAF:	.. .. .	2	7	5
	Odsal House, Bradford 3			
	Yorks. School for Deaf, Doncaster .. 1			
	School for Deaf, Boston Spa 1			
DELICATE:	.. .. .	2	5	3
	St. Catherine's Ventnor 1			
	Langley Residential, Baildon 1			
	St. Vincent's, St. Leonards-on-Sea .. 1			
EDUCATIONALLY SUBNORMAL:	.. .. .	40	172	155
	Woodhouse School, Huddersfield .. 125			
	Ashwood School, Huddersfield 19			
	Crowthorne, Bolton 6			
	Etton Pasture, Nr. Beverley 1			
	Besford Court, Nr. Worcester 2			
	Thorngarth Hostel, Bradford 1			
	Meadows House School 1			
EPILEPTIC:	.. .. .	1	5	4
	Colthurst House, Alderley Edge. .. 2			
	Lingfield Epileptic Colony 2			
MALADJUSTED:	.. .. .	1	4	4
	Clwyd Hall 1			
	St. Hilliards, Mickleton 1			
	Wm. Henry Smith School, Brighouse .. 1			
	Stretton House Hall, Derby 1			
PHYSICALLY HANDICAPPED:	.. .. .	4	12	5
	Ian Tetley House, Harrogate 1			
	Holly Bank, Huddersfield 3			
	Welburn Hall, Kirbymoore side 1			
TOTAL	.. .. .	50	221	191

HANDICAPPED PUPILS

During 1961, 106 children were referred for special examination by the School Medical Officers in order to ascertain whether they were educationally subnormal, or had a more severe mental handicap. The results of such examinations were as follows:—

Educationally Subnormal:—				
requiring education in a special school	...	...	...	40
No disability of mind:—				
considered suitable for education in an ordinary school	...			54
Mental subnormality:—				
Notified to Mental Health Sub-Committee under Second Schedule Section 11 of the Mental Health Act. 1959	...			12
Subnormal	...	...	—	
Severely subnormal	...		5	
Voluntary supervision	...		7	

REPORT ON SCHOOL MEALS SERVICE

Total number of meals served during 1961	...	...	2,291,524
Average number of meals per day	...	...	12,730
Approximate No. of children taking School Meals	...		11,549
Approximate No. of children taking School Milk	...		13,700
Average No. children on Roll	...	...	19,172
Average % children taking School Meals	...	...	60.24
Average % children taking School Milk	...	...	71.46

MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December 1961

PART 1

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1957 and later	8	8	100.00	—	—
1956	1578	1577	99.94	1	0.06
1955	166	165	99.40	1	0.60
1954	19	19	100.00	—	—
1953	70	69	98.57	1	1.43
1952	46	46	100.00	—	—
1951	1634	1633	99.94	1	0.06
1950	81	81	100.00	—	—
1949	74	74	100.00	—	—
1948	532	532	100.00	—	—
1947	1688	1688	100.00	—	—
1946 and earlier	469	469	100.00	—	—
TOTAL ..	6365	6361	99.94	4	0.06

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspections to require treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For Defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1957 and later	—	—	—
1956	44	201	226
1955	7	23	29
1954	2	1	2
1953	6	6	11
1952	8	3	8
1951	242	169	371
1950	11	4	15
1949	19	10	24
1948	104	43	140
1947	268	151	393
1946 and earlier	116	30	137
TOTAL ..	827	641	1356

TABLE C—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	5657
Number of Re-Inspections	...	...	...	...	1214
Total	...	...	...	...	6871

TABLE D—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	...	36,703
(b)	Total number of individual pupils found to be infested	...	...	...	...	...	...	899
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	...	...	...	...	...	...	nil
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944	...	...	...	...	...	...	nil

PART II

Return of Defects found by Medical Inspection in the
Year ended 31st December 1961.

TABLE A—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				
		Entrants	Leavers	Others	Total	
4	Skin	T	18	56	29	103
		O	9	8	4	21
5	Eyes—Vision	T	67	479	281	827
		O	46	117	78	241
	b. Squint	T	50	9	26	85
		O	7	2	1	10
	c. Other	T	6	11	7	24
		O	3	1	1	5
6	Ears—a. Hearing ..	T	4	10	11	25
		O	9	5	7	21
	b. Otitis Media ..	T	8	9	4	21
		O	5	1	1	7
	c. Other	T	1	3	2	6
		O	2	1	—	3
7	Nose and Throat ..	T	71	18	30	119
		O	111	25	24	160
8	Speech	T	18	4	7	29
		O	14	2	2	18
9	Lymphatic Glands ..	T	1	—	1	2
		O	33	1	2	36
10	Heart	T	2	3	—	5
		O	26	16	13	55
11	Lungs	T	5	6	5	16
		O	6	8	5	19
12	Developmental—a. Hernia	T	3	1	2	6
		O	3	—	2	5
	b. Other	T	4	4	6	14
		O	53	9	39	101
13	Orthopaedic—a. posture	T	1	5	1	7
		O	3	5	3	11
	b. Feet	T	8	9	8	25
		O	14	4	3	21
	c. Other	T	37	44	30	111
		O	24	31	9	64
14	Nervous System	T	—	4	1	5
		O	1	1	1	3
	b. Other	T	2	5	1	8
		O	32	—	1	33
15	Psychological	T	2	23	23	48
		O	3	1	3	7
	b. Stability	T	—	1	—	1
		O	1	—	3	4
16	Abdomen	T	2	1	—	3
		O	1	—	1	2
17	Other	T	7	5	2	14
		O	11	6	3	20

TABLE B—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)						Special Inspections	
							Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin	..	..	..	..	..	1747	4
5	Eyes—	a.	Vision	..	..	..	1277	112
		b.	Squint	..	..	..	257	3
		c.	Other	..	..	..	245	1
6	Ears—	a.	Hearing	..	..	..	42	9
		b.	Otitis Media	..	..	..	22	5
		c.	Other	..	..	..	40	1
7	Nose and Throat	..	..	..	..	..	102	41
8	Speech	..	..	..	..	..	13	5
9	Lymphatic Glands	..	..	..	..	..	4	8
10	Heart	..	..	..	..	..	—	25
11	Lungs	..	..	..	..	..	11	4
12	Developmental—							
		a.	Hernia	..	..	..	1	4
		b.	Other	..	..	..	21	32
13	Orthopaedic—							
		a.	Posture	..	..	..	29	2
		b.	Feet	..	..	..	32	9
		c.	Other	..	..	..	148	40
14	Nervous System—							
		a.	Epilepsy	..	..	..	5	2
		b.	Other	..	..	..	37	11
15	Psychological—							
		a.	Development	..	..	..	148	5
		b.	Stability	..	..	..	1	3
16	Abdomen	..	..	..	..	..	—	2
17	Other	..	..	..	..	..	731	4

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	280
Errors of refraction (including squint)	3480
Total	3760
Number of pupils for whom spectacles were prescribed	2395

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	—
(a) for diseases of the ear	307
(b) for adenoids and chronic tonsillitis	—
(c) for other nose and throat conditions	365
Received other forms of treatment	672
Total	—
Total number of pupils in schools who are known to have been provided with hearing aids	2
(a) in 1961	6
(b) in previous years	—

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	716
(b) Pupils treated at school for postural defects	66
Total	782

TABLE D—DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm	—
(a) Scalp	3
(b) Body	11
Scabies	39
Impetigo	823
Other skin diseases	—
Total	876

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	191

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	248

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	785
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1122
(d) Other than (a), (b), and (c) above	
Cervical glands	10
Lungs	145
Nervous other	53
Heart	1
Total (a)-(d)	2116

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY

1.	Number of pupils inspected by the Authority's Dental Officers:—					
	(a)	At Periodic Inspections	...	...	...	697
	(b)	As Specials	...	...	...	2084
					Total (1)	2781
2.	Number found to require treatment					2611
3.	Number offered treatment					2611
4.	Number actually treated					2572
5.	Number of attendances made by pupils for treatment, including those recorded at 11(h)					6574
6.	Half days devoted to:					
	(a)	Periodic (School Inspection)				nil
	(b)	Treatment	...	...		1019
					Total (6)	1019
7.	Fillings:					
	(a)	Permanent Teeth	...	...	...	3453
	(b)	Temporary Teeth	...	...	...	426
					Total (7)	3879
8.	Number of Teeth filled:					
	(a)	Permanent Teeth		...		3269
	(b)	Temporary Teeth	...	...		349
					Total (8)	3618
9.	Extractions:					
	(a)	Permanent Teeth	...	...	...	1090
	(b)	Temporary Teeth	...	...	...	2308
					Total (9)	3398
10.	Administration of general anaesthetics for extraction					1851
11.	Orthodontics:					
	(a)	Cases commenced during the year	...	...		—
	(b)	Cases brought forward from previous year	...			—
	(c)	Cases completed during the year	...	...		—
	(d)	Cases discontinued during the year	...	...		—
	(e)	Pupils treated by means of appliances	...	...		—
	(f)	Removable appliances fitted	...	...	...	—
	(g)	Fixed appliances fitted	...	...	...	—
	(h)	Total attendances	...	...	...	—
12.	Number of pupils supplied with artificial teeth					—
13.	Other operations					
	(a)	Permanent teeth	...	...	...	2068
	(b)	Temporary teeth	...	...	...	—
					Total (13)	2068

SCHOOL DENTAL SERVICE

*A. B. Shields, L.D.S., R.F.P.S.**Principal School Dental Officer*

I regret that no additional whole-time dental officers have been employed during the past year, in spite of regular advertising in the professional journals and the Press.

A net loss of one part-time session resulted in a fractional loss in the whole-time equivalent of dental officers from the previous year. Staffing at the close of the year was as follows:—

- 1 Principal School Dental Officer
- 1 Temporary Assistant Dental Officer (whole-time)
- 1 Part-time Dental Surgeon (one session per week)
- 2 Dental Attendant/Clerks (whole-time)

Expressed as an equivalent of whole-time dental officers the establishment at the present time is $2\frac{1}{11}$ th whole-time dental officers compared with $2\frac{2}{11}$ ths in 1960. The authorised establishment is 5 whole-time dental officers, including the Principal School Dental Officer.

Because of the growing shortage of dental manpower the plight of the School Dental Service is becoming extremely serious, and its existence is threatened unless something is done very soon to provide dental officers in many parts of the country. A serious loss of dental manpower, a school-child population almost doubled since the War, and an increasing incidence of dental disease year by year are adding to the difficulties of an already handicapped Service.

I would not wish to pre-judge the experimental scheme, now under way, for the training of dental ancillaries on a two-year course to execute dental operations, limited in extent, with the object of finding a short term solution to the shortage of dental manpower, particularly in the School Dental Service. If it was thought and intended that the scheme would be limited to the practice of oral hygiene and dental health education most school dental officers would be very enthusiastic because such an intention is a recognised step towards the prevention of dental disease, but it would appear that the scope of the dental ancillary permits the practice of a limited number of dental operations which have, for the past forty years, been the exclusive right of the qualified dental practitioner.

One must always be wary of any scheme which might lead to dilution of the dental profession, as any form of dilution would be the complete negation of the Dentists Act 1921, which was specifically designed to protect the public against unscrupulous practice, and which made it compulsory for everyone wishing to practice dentistry to be fully qualified and registered. To dilute a profession is a retrograde step, which must eventually lead to a lowering of the ethical and operative standards of the profession involved.

There is no short term answer to the difficulties which confront the School Dental Service. The fact must be faced that only an adequate establishment of school dental officers can satisfy the need for providing a comprehensive dental service for the priority groups. In my opinion, the curriculum of the dental study course could be

reduced from five years to three years without impairing the standards of the profession.

With no immediate hope of an improvement in the School Dental Service it is imperative that what remains of the Service must devote more time to the prevention of dental disease, and less to the impossible task of keeping the school-child population dentally fit.

Much is being done nowadays, through the media of the Press, radio and television, to stress the importance of maintaining a good standard of dental health, and this campaign would be considerably strengthened if the Local Authority Dental Services took a more active part in dental health education.

If dental health education is to be used to the best advantage it must be taught in an understanding manner, and persuasion to adopt certain procedures is preferable to hard and fast instruction. It is useless to say to a child "Don't eat sweets" if you are not prepared to explain the danger of eating sweets, particularly between meals. Sweets to a child are a source of much pleasure and have a high nutritional value, particularly in regard to the replacement of expended energy so necessary during the formative years. The child must know that the danger of eating sweets, particularly between meals, lies in failing to remove the residue which clings to the teeth, stagnates, and results in dental decay. It must be explained that cleansing of the teeth after eating is essential because good oral hygiene can considerably reduce the incidence of dental decay.

We are never far removed from water at any time of the day, which makes it possible for the child trained in oral hygiene to obtain a mouth rinse. A mouthful of water, bubbled briskly through between the teeth by the action of the tongue and cheeks, is a useful way of removing the debris from the teeth at any time of the day, the water being swallowed and thus causing no inconvenience whatsoever. The application of the "bubble and swallow" technique after school meals is beneficial and can be practised without any inconvenience. I trust that this comment will not pass unheeded.

I have explained the disappointment experienced by the child when told not to eat sweets, of how it is necessary for the child to cleanse the mouth after eating, and the acceptance of a high standard of oral hygiene as the most important prophylactic measure in any campaign of dental health education. Cleansing of the teeth after every meal should be the "last course", and an integral part of every meal. History recalls us as a "nation of small shopkeepers"—Heaven forbid that in the future we should be ridiculed as a "nation of artificial denture users."

In conclusion I will take this opportunity to say how much I have appreciated the co-operation of the Principal School Medical Officer, Dr. R. G. Davies, and also of each member of the dental staff, who under difficult conditions have remained loyal to the Service in the hope that an improvement may not be far distant.

CHILD GUIDANCE CLINIC PSYCHIATRIST'S ANNUAL REPORT 1961.

The clinic has functioned smoothly this year with the staff unchanged. It has not been possible to replace Miss Reynolds by another Psychiatric Social Worker, but thanks to the continued part-time help and the devoted services of Miss Porritt, the team-work could be satisfactorily maintained.

The waiting list has slightly decreased, it has been carefully screened so that very urgent cases could be given priority while contact has been maintained with all referrals.

We were grateful for the co-operation of other departments which was strengthened by personal visits to the clinic of School Medical Officers, the new Medical Officer of Mental Health, Probation Officers, and the Headmaster of the Special School used as an Assessment Centre; while on the other hand the Educational Psychologist and the Social Worker continued to attend the Juvenile Liaison Committee.

We had the visit of two Educational Administrators in training from Northern Rhodesia and Sierra Leone. We were glad also to help students from two different Teacher Training Colleges to see the clinic and discuss problems of children's behaviour difficulties.

We wonder if it were not of some value to offer visits to the clinic and discussions also to health Visitors, as it is done in other authorities.

The Psychiatrist and the Educational Psychologist attended the Annual Inter-Clinic Conference in London in April, 1961.

As in previous years the cases seen by the Psychiatrist have been analysed and are presented in the following classification. It has to be emphasised again that such classifications are increasingly simplified and that most children present more than one symptom, so that, e.g., a child referred for anti-social behaviour may also be a bed-wetter or a stammerer.

It is interesting that by and large the percentage of the different categories has remained fairly stable over the years. This year, however, there is a comparatively greater proportion of nervous manifestations and personality disorders and a less conspicuous number of behaviour problems.

One factor which cannot be expressed in such a classification is the degree of the disturbance in question. It happens that this year we are having among our patients three seriously abnormal children with psychotic features, who, although responsive to treatment, have a doubtful prognosis and may need a very long period of interviews. This raises the important question whether we should accept for treatment many cases for whom the prognosis is not good, at the expense of others who might be treated and discharged comparatively quickly.

From the wider point of view of family integration and of prevention of future nervous breakdowns, we believe that the child with undramatic symptoms but considerable suffering as, e.g., the nervous, inhibited child, is more profitably and more lastingly treated than the very seriously disturbed boy or girl.

The children have been treated as in the past, in individual interviews and play-groups. The Educational Psychologist took over two of the groups and carried on play therapy with these seven children.

IRENE TURGEL, M.D.

Consultant Psychiatrist.

TREATMENT BY PSYCHIATRIST

ANALYSIS OF 116 CHILDREN (77 boys and 39 girls) TREATED BY PSYCHIATRIST IN 1961

A. CLASSIFICATION ACCORDING TO PREDOMINANT SYMPTOM.

	B/fwd. from 1960		Admitted in 1961		Total
	Boys	Girls	Boys	Girls	
1. DELINQUENCY (Lying, stealing, housebreaking, truancy, sex misdemeanour)	3	1	12	3	19
2. BEHAVIOUR DISORDERS (aggressiveness, defiance, negativism, out-of-control)	17	5	2	6	30
3. PSYCHOSOMATIC DISORDERS (functional pains, skin disorders, asthma, migraine, bed-wetting, soiling)... ..	8	7	6	2	23
4. NERVOUS OR NEUROTIC MANIFESTATIONS (anxiety state, sleep disorders, depression, hysterical, obsessional manifestations, nervous tics, stammer)	3	4	8	8	23
5. PERSONALITY DISORDERS (inadequate, schizoid, psychopathic personalities, psychotic reaction types pattern) ...	7	1	4	2	14
6. EDUCATIONAL BACKWARDNESS and/or general immaturity ...	3	—	4	—	7
	41	18	36	21	116

B. CLASSIFICATION ACCORDING TO AETIOLOGY

					B/fwd. from 1960		Admitted in 1961		Total
					Boys	Girls	Boys	Girls	
I. PRIMARILY IN THE CHILD									
1.	ORGANIC DEFECTS OR DISORDERS OF THE CENTRAL NERVOUS SYSTEM (post-meningeal, post- encephalitic, or epileptic or spastic conditions)				2	3	3	2	10
2.	INTELLECTUAL RETARDATION OR GENERAL IMMATURITY ...				6	2	4	—	12
3.	EMOTIONAL INSTABILITY OR TEMPERAMENTAL ABNORMA- LITIES (ranging from hyper- sensitiveness to schizoid per- sonalities)				10	6	9	2	27
4.	EMOTIONAL REACTIVE PROCESSES								
	(a)	MENTAL CONFLICTS (includ- ing inferiority complex, feelings of frustration, re- jection, jealousy, etc.,) ...			9	2	8	6	25
	(b)	TRAUMATIC EXPERIENCES (including early separation)			6	3	3	4	16
	(c)	ANTI-SOCIAL CHARACTER FORMATION			1	1	1	—	3
II. PRIMARILY IN THE ENVIRONMENT									
1.	Faulty family relationships ...				3	1	6	4	14
2.	Inadequate environment ...				4	—	1	3	8
3.	School				—	—	1	—	1
					41	18	36	21	116

C. NUMBERS OF CASES DEALT WITH

Cases brought forward from 1960	59
Cases admitted in 1961	57
Cases closed in 1961	59
Cases carried forward for treatment ...	41
Cases carried forward for observation ...	16

D. STATUS ON CLOSURE

Seen for diagnosis only (1-3 interviews) ...	6
Very much improved }	9
Improved } after treatment...	30
Not much improved }	3
Unco-operative (parents or child)	6
Placed in Residential or Approved Schools	3
Left the district	2

E. DISTRIBUTION OF INTELLIGENCE

I.Q. 70 or below	} subnormal		16.4%
I.Q. 71-85			
I.Q. 86—115	average	...	68.1%
I.Q. 116—130	superior	...	12.9%
I.Q. 131 plus	very superior	...	2.6%

ANNUAL STATISTICS—1961

Cases brought forward	...	...	...	...	...	...	103
New Cases ...	...	...	...	...	...	...	88
Cases closed	...	...	...	...	...	...	103
Cases carried forward	...	...	...	...	...	...	88
Clinical treatment	...	...	...	...	...	...	41
On observation	...	...	...	...	...	...	16
Clinical waiting list	...	...	...	...	...	...	31

REASONS FOR WHICH NEW CASES WERE REFERRED:—

Behaviour problems ...	...	...	...	...	...	41
Nervous symptoms	...	...	...	...	...	13
Habit disorders (bed wetting, etc.)...			...	...	...	12
Educational Problems	...	...	...	...	...	13
Others	...	...	...	...	...	9

SOURCE OF REFERRAL OF NEW CASES

Principal School Medical Officer	...	...	...	...	...	29
Chief Education Officer	...	...	...	...	...	2
Parents	...	...	...	...	...	10
Schools	...	...	...	...	...	15
General Practitioners	...	...	...	...	...	15
Probation Officers	...	...	...	...	...	5
Juvenile Liaison Officer	...	...	...	...	...	2
Children's Department	...	...	...	...	...	3
Others	...	...	...	...	...	7

CASES CLOSED

Treatment completed	...	...	...	...	...	57
Parent Guidance only	...	...	...	...	...	2
Referred to other agencies	...	...	...	...	...	5
Before treatment started (a) improved	...	...	...	...	...	10
(b) unco-operative	...	...	...	...	...	8
After treatment started—unco-operative	...	...	...	...	...	12
Left the District	...	...	...	...	...	6
To Approved School	...	...	...	...	...	1
Left School	...	...	...	...	...	2

NUMBER OF INTERVIEWS AND OTHER ACTIVITIES:

				Educational Psychologist	Psychiatric Social Worker	Psychiatrist
					Part time	Part time
WITH CHILDREN				706	75	797
At home	...	...	...	—	1	—
Appointments not kept			...	62	1	186

				Educational Psychologist	Psychiatric Social Worker Part time	Psychiatrist Part time
WITH PARENTS						
At School	...	...	...	4	—	—
At home	...	...	...	—	185	—
At Centre	...	...	...	32	181	105
Appointments not kept		...	...	3	22	14
LECTURES	...	...	...	3	—	—
OTHER ACTIVITES		...	...	202	9	11

REPORT OF THE SPEECH THERAPIST FOR 1961

This year the Speech Clinic expanded in staff, scope and equipment.

In October Mrs. Brough commenced duty as part-time second Speech Therapist working the equivalent of five sessions each week. In the same month Mr. Francis was seconded to Manchester University, Department of Audiology and Education of the Deaf, to take the Course in Advanced Audiology.

The waiting list is less than half the previous year but the observation list is doubled, thus following the course of previous years of seeing children for guidance with their parents as soon as possible after referral. This is particularly important with young stammerers, where the correct help at the right time can often resolve the difficulty. It also obviates stress and anxiety by children and parents where speech is retarded; direct speech therapy of course is not given, but parents who co-operate attain an understanding of their child's difficulty on the basis not only of defective speech, but in the broader aspects of language as a social communicative skill which requires understanding and help rather than didactic correction. Early referral is often thought unnecessary as a child "will grow out of it"; true in some cases, at the same time it is not realized that reading and writing become retarded also. So-called "lazy speech" is a reflection of environment, retardation or lack of adult interest, not of a child's inability to use language, the Speech Clinic encourages the need for expression and language usage; with this comes good speech.

During the year an Amplivox Speech Training Hearing Aid was acquired; this is an up-to-date piece of equipment invaluable for use with partially deaf children, it also has its application in Speech Therapy. A Sound Level Indicator was also acquired for use in monitoring Speech Levels in Speech Audiometry, an important aspect of hearing testing: with this equipment and a Pure Tone Audiometer accurate assessment of hearing acuity for speech can be made. A small light-weight portable Audiometer was also acquired for use by the School Nurses in School Screening Hearing Tests.

Short Training Courses were given to Health Visitors and School Nurses in School Screening Tests of Hearing, and in Hearing Testing for Pre-school children.

A lecture was given to teachers on aspects of hearing in school.

At present hearing is tested in school at a set intensity along certain of the speech frequencies; when this test is failed, the child is passed to the Speech Clinic for a thorough Pure Tone and Speech Audiometry Test; if the hearing is found to be defective the child is referred to the School Medical Officer or at the parent's request to the family doctor. It should be emphasized that the Speech Clinic gives guidance only in the educational and social fields, and that immediate medical referral is rigidly adhered to in cases of hearing loss.

Guidance in the use of Hearing Aids, Speech training, and in lesser hearing losses where no hearing aid is required, is given to

parents and children: Head Teachers are informed and suggestions made for assistance in school.

Copies of the Highway Code specially published by the National Institute for the Deaf were distributed to Partially Deaf children.

(Signed) T. R. FRANCIS.
Speech Therapist.

SPEECH THERAPY

Number of children on waiting list at 1st. January, 1961	...	69
Number of children referred from 1st January, 1961 to 31st December, 1961	... ..	86
Number of initial appointments sent for interview of parents and children	... ..	160
Number of appointments kept	... ..	129
Number of initial appointments failed (2 appointments given)		31
Cases under treatment weekly or fortnightly	... ..	50
Cases under observation or guidance	... ..	104
Cases discharged as normal in speech	... ..	94
Cases discharged as having failed appointments	... ..	28
Cases on waiting list 31st December, 1961, awaiting initial appointment or treatment	... ..	30
Number of treatments given	... ..	783
Number of appointments for observation or guidance	... ..	203
Total number of appointments made	... ..	1304
Total number of appointments kept	... ..	1115

ATTENDANCE 85.5%

Number of schools visited	... ..	10
Number of school visits	... ..	14
Number of children seen in school	... ..	53

ANALYSIS OF CASES SEEN During the Year 1961

	Male	Female	TOTAL
Cleft Palate	13	8	21
Dyslalia	98	57	155
Dyslalia (Tongue Tie)	1	—	1
Dysarthria	3	—	3
Hyperrhinophonia	1	—	1
Hyporhinophonia	—	2	2
Rhinolalia	2	—	2
Stammer	37	10	47
Stammer/Dyslalia	1	—	1
No disorder found	8	7	15
	164	84	248

AUDIOMETRY

1.	Number of children referred for audiometry and other hearing tests by School Medical Officers, Educational Guidance Service, and other agencies	... ..	35
2.	Number of tests given excluding routine Speech Therapy cases	... ..	41

HEARING SCREENING TESTS IN SCHOOLS

1.	Number of Infant Schools in which the age group 6-7 years was tested	... ..	11
2.	Number of Special Schools in which the whole age range was tested	... ..	2
	Total	... ..	13
3.	Number of tests given as a result of failing the school screening hearing test	... ..	73
4.	Number of children referred to the School Medical Officers or General Practitioner as a result of Clinic Test	...	40

PARTIALLY DEAF CHILDREN

1.	Number of children attending for Guidance with Hearing Aids. (One discharged having left the district in November 1961)	... ..	(9) 8
2.	Number of children attending for Guidance without Hearing Aids.	... ..	16
3.	Number of appointments for Guidance	... ..	125

REPORT of the EDUCATIONAL PSYCHOLOGIST on the EDUCATIONAL GUIDANCE SERVICE

A school psychological service, to be known as the "Educational Guidance Service" became operational in September 1961. The necessity for such a service was made apparent by Ministry of Education Circular No. 347 which gave ministerial sanction to the recommendations of the Underwood Committee on Maladjusted Children, stating that there should be a comprehensive Child Guidance Service available for the area of every local education authority, involving a school psychological service, the school health service and child guidance clinic(s), all of which should work in close co-operation.

The main function of the Educational Guidance Service is to take child guidance techniques into the schools, and to advise teachers with regard to learning and behaviour difficulties presented by children at school.

In order to assess the effect of a child's out-of-school activities, home background and personal history upon his problem, the co-operation of the Education Welfare Department has been sought, in order to obtain details, often unsuspected by the teacher which may have a major bearing upon a child's school failure. In the light of this information provided by the Welfare Officer and of the child's results on tests of intelligence, attainment and personality, the Educational Psychologist submits a report to the child's head teacher, with suggestions as to the most appropriate course of action to take. So far, no direct parent guidance work has been undertaken, but it is hoped to provide this service shortly for those cases most urgently in need of it. Sometimes, however, little can be done to suggest how a child's home life may be modified to bring about a better school adjustment as parents go out to work, or are unco-operative. In cases such as these the assistance of the school is sought in order to compensate for the unsatisfactory home background. If a child whose upbringing and home are not conducive to normal adjustment demonstrates anti-social behaviour in school, punishment may very often make him worse. Friendly acceptance and sympathy from an understanding teacher or head teacher, who by virtue of his own status in the school hierarchy will enhance the importance of the unsettled child in the eyes of his classmates, can often be of great therapeutic value. Sometimes it is necessary to place a child in one of the seven remedial reading groups which are conducted at different primary schools in the Authority for two-hourly periods each week. Thus, almost individual tuition is given to the child who is failing with reading and this may often produce a steady improvement. In view of the likely danger involved in requesting junior school children to travel to remedial centres at other schools during school hours, the remedial reading teachers were asked to change schools each term in order (a) to give every junior school the opportunity to use the services of a remedial teacher if required, and (b) to assess the reading improvement, if any, consequent upon short-term remedial teaching. Although, on average, children's reading ages improved by some 6 to 7 months over a 3 to 4 month period of instruction, administrative difficulties prevent this scheme from being adopted permanently. Mrs. F. Lee, remedial reading teacher at Moldgreen Primary School, retired at the end of the summer term, and so far it

has proved impossible to find anyone to replace her. Due to lack of staff, it is not possible to provide remedial instruction for pupils backward in the other two basic subjects—arithmetic and spelling—although there is doubtless quite a large proportion of children in the Authority who could benefit from more individual help and tuition in these subjects.

Each backward child makes combinations of mistakes and has gaps in his knowledge which are peculiar to himself and needs to be able to learn at his own rate. As it is impossible to provide individual tuition for each child who is backward in a school subject the recently invented teaching machine may have a great deal to offer in this respect. Such machines can be 'programmed' so as to provide self-regulated, almost individual tuition. At the moment the vast majority of teaching machines are American and are programmed for College students and others whose grasp of the basic skills is adequate, and in consequence it may be necessary to compile completely new programmes for remedial work. Sheffield University Department of Psychology is engaged in a considerable research project in connection with these machines, and it is hoped that they will be able to advise us.

The majority of children in attendance at Ashwood Special School and Diagnostic Centre for less able subnormal children have now been retested individually with the Wechsler Intelligence Scale for Children. With this test the relative amounts of verbal and non-verbal intelligence possessed by a child may be compared. This is not possible with the Stanford-Binet Scale by means of which children in need of special education are usually 'ascertained'. The W.I.S.C. is particularly useful for testing children with speech defects and hearing losses. Used as a diagnostic tool, this test suggests that many of the children in attendance at Ashwood have abnormalities, possibly immaturity, of basic visual perception and/or memory which seems to affect their ability to form accurate mental concepts. This may be seen most simply in their attempts to draw everyday objects from memory. It may be possible to devise a teaching syllabus based on the types of 'mistakes' made most commonly on the W.I.S.C. and other intelligence tests, which will transfer to every day habits of looking at, and thinking about things, and, incidentally produce an improvement in both unmeasured and measured intelligence. All children in attendance at Ashwood, having been referred to the Educational Guidance Service, have had their home back-grounds, etc., investigated through the services of Education Welfare Officers. This information is of considerable value in deciding upon appropriate educational and psychological action. There is scope for a good deal of fundamental enquiry and research at this school, particularly in view of the small pupil-teacher ratio which permits vastly more individual observation of and attention to the children on the part of the teachers.

Pilot studies of two groups of immigrant children have been made. It is not possible to draw firm conclusions from either, but tentative information may be derived from both. In one case individual tests of intelligence were given to some eighteen immigrant Irish children over seven years old who appeared to have had little or no previous schooling as they possessed practically no ability in 'the Three R's'. All of the children are English-speaking, and there was

no overall tendency for non-verbal intelligence to be superior to verbal intelligence, which might have been expected if there had been language difficulties of any magnitude. On the other hand, transfer to a new environment, and placement within an educational system such as ours in competition with children who are well on the way to mastering the basic skills, proved upsetting to a number of these children who adopted initially tearful, anxious and withdrawing attitudes to school. Although, according to current practice, in view of their low intelligence scores, they would be eligible for education in a school for educationally subnormal pupils, it is possible that their levels of measured intelligence may rise once they have become accustomed to living over here and have had a reasonable opportunity to acquire the basic skills. Their need is for concentrated sympathetic instruction at infant level in a special group before they will be ready to take their places in ordinary classes. The other group is at Spring Grove School, a group of immigrant Indian and Pakistani children of primary and secondary ages who were given three tests on non-verbal intelligence. Prior to testing, one test was explained much more fully than the instructions permit, and this procedure was repeated a week later. The findings of these two tests were checked by a drawing test of intelligence. It is, of course, an acknowledged fact that there are no 'culture-free' non-verbal tests of intelligence. In consequence, these results are underestimates. It will be interesting to assess the group again when they are speaking English and have grown accustomed to our way of life.

We have contributed to a research survey conducted by the Department of Education of the University of Birmingham, the purpose of which is to provide more systematic evidence as to which symptoms of maladjustment commonly occur together so that an empirical classification may be made. The size of this enquiry is such that the data will be analysed by computer. By co-operating in large scale research of this kind, it is possible for us to add to the totality of scientific knowledge, which will ultimately be of benefit to the individual schoolchild.

On a local, much smaller scale, and with the co-operation of class and head teachers, it has been possible to carry out a survey into the types of unsettledness which are presented in class by 101 children who have been referred to the Child Guidance Clinic. The results—quoted at the end of this report—indicates the kind of behaviour in class which may warrant further investigation, particularly if a child exhibits and persists in a large number of these behaviour patterns which are very pronounced.

With the permission of the Chief Education Officer, the educational psychologist has extended his duties to include the testing of selected children, who, due to mental subnormality are in the care of the local health authority. In connection with this work one of the School Medical Officers has been taught how to administer the Wechsler Intelligence Scale for Children. Holly Bank Special School for the Cerebral Palsied has been visited and children assessed for purposes of admission and follow-up.

Arrangements have been made to hold, during the Spring Term 1962 a course of lectures for teachers of backward children in secondary modern and junior schools. The lectures will be given by personnel recommended by the University of Leeds Institute of Education. The

Borough Librarian has kindly arranged for an exhibition of books and teaching apparatus suitable for the backward pupil to be held in the Public Library during the Course. The exhibition will include a National Book League Touring Exhibition of over 1,000 books selected by the Guild of Teachers of Backward Children, teachers' books selected by the Librarian of the Leeds Institute, and books and apparatus loaned by educational publishers and suppliers. Over 70 teachers have enrolled for the Course, divided nearly equally between Huddersfield and neighbouring local authorities.

In conclusion may I express my appreciation of the Committee's vital attitude towards developing a service which is endeavouring to see children, especially failing children, in the round, both in and out of school and attempting to solve their problems. My thanks and gratitude, particularly in this respect, are also due to the Chief Education Officer and his staff for their continued co-operation and support during the past year.

SCHOOL SOCIAL ADJUSTMENT SURVEY

Statistics relating to 101 children.

(Based upon Stott's Bristol Social Adjustment Guide "The Child in School".

No.	Guide Ref- erence	Symptoms.
3	—	No symptoms.
40	R.9	Cannot attend or concentrate for long.
37	R.5	Careless, untidy, often loses or forgets books, pen.
34	M.12	On the fringe, somewhat of an outsider.
30	U.12	Never makes any first approach in talking to the teacher.
29	K.2	Only works when watched or compelled (Classwork).
28	D.1	Sometimes eager, sometimes doesn't bother about answering up in class.
26	U.16	Mumbles shyly, awkwardly when greeted.
25	HA.14	Resentful muttering and expression at times.
25	R.10	Does not know what to do with himself—can never stick at anything long.
24	U.9	Never brings objects he has found, drawings, models, etc. to show teacher though class-mates often do.
23	U.3	Never offers to help teacher, but pleased if asked.
23	U.8	Never brings flowers or gifts although classmates often do.
22	R.11	Too restless to remember the effect of correction for long.
22	XC.10	Shows off—pulls silly faces, mimics, clowns.
22	HA.10	Very variable—seems at times to do badly on purpose.
21	D.3	Varies very noticeably from day to day both in classwork and persistence.
21	R.6	Rough and ready—slapdash.
20	XA.10	Constantly needs petty correction.

ANNUAL EDUCATIONAL GUIDANCE STATISTICS—1961

1.	CHILDREN REFERRED BY					
	Chief Education Officer	...	...	...	...	2
	Principal School Medical Officer			...	...	24
	Head Teachers	...	...	...	...	92
	Probation and Juvenile Liaison Officers				...	1
	Others	...	...	...	...	27
						146
2.	REASONS FOR REFERRAL					
	General Backwardness	...	...	...	...	34
	Specific Backwardness in—Reading			...	...	43
				Arithmetic	...	1
				Spelling	...	1
	School placement	...	...	...	...	6
	Psychometric Testing	...	...	...	...	42
	Behaviour Difficulties	...	...	...	...	18
	Vocational Guidance	...	...	...	...	1
						146
3.	BY EDUCATIONAL PSYCHOLOGIST					
	Children interviewed and/or tested			...	...	301
	Parents interviewed	...	...	...	...	39
	Parents interviewed at home	...	...	...	...	—
	Interviews with Head Teachers			...	...	62
	Interviews with Class Teachers	...	...	...	...	14
	Interviews with Remedial Teachers	...	...	...	...	10
	Interviews with Others	...	...	...	...	22
						448
4.	BY WELFARE OFFICERS					
	Parents interviewed at home	...	...	...	...	70
5.	REMEDIAL TEACHERS—(7)					
	Children receiving tuition	...	...	...	...	56
6.	REFERRED TO OTHER AGENCIES					
	To Child Guidance Clinic	...	...	...	...	4
	To School Health Service...	...	...	...	...	4
	To Youth Employment Service			...	...	—
	To Juvenile Liaison Officer	...	...	...	...	—
	To Others	...	...	...	...	10
						18

(Signed) K. T. PICKUP.

Educational Psychologist.

REPORT OF THE GENERAL ORGANISER

for the year ended 31st December, 1961

1. INTRODUCTION

Physical Education continues to show some progress in all its phases, but the progress in the girls' work is still restricted by the lack of recruitment of trained women specialists in the secondary schools, and teachers with an adequate background of the subject in junior schools.

The non-specialists in the secondary modern schools, upon whom the burden of physical education falls, have done an admirable job in not only maintaining the standard which has been established, but in making progress in all aspects of the work.

2. ACTIVITIES IN THE SCHOOLS

(a) **Physical Training**

This year has seen all the children of secondary school age enjoying the use of gymnasium facilities, including shower-baths, and extensive use has been made of these facilities, though the work could progress still further if more trained specialists were recruited to the Authority's service.

All the junior schools have been equipped with some form of climbing apparatus, and it is hoped that in future years more climbing apparatus of the fixed type will be installed.

Changing for the physical training lesson is now an established fact. The provision of shoes and shorts, and the encouragement to take a shower bath, have proved a useful adjunct in establishing a correct attitude to physical activity, and are a practical application of training in health education.

(b) **Organised Games**

Rugby shares popularity with association football as the winter game for boys, and netball with hockey for girls. As more hockey pitches will be coming into use for the secondary modern schools, it is hoped that this game will prove to be a more popular winter game for girls.

Cricket as a summer game is still hampered by an inadequate number of level and true wickets, but the new cricket squares which came into use during the year proved to be a stimulus.

Rounders has maintained its popularity as a summer game for girls, but the introduction of tennis presents a strong challenge to rounders as five secondary modern schools had full use of their tennis courts.

(c) **Athletics**

Considerable progress has been made throughout the year in athletics, and there is a growing interest in the schools in the less common events such as javelin, discus, shot and hurdling. Much of this interest is the result of the introduction of Athletic Awards two years ago. Three standards of attainment were introduced resulting in 214 Bronze, 36 Silver, and 10 Gold Awards being gained during the year. The gold award is of a high standard, *and it might be appropriate to institute the presentation of a badge as a reward to the successful*

children, as in the case of the swimming proficiency award. Athletic Awards were introduced for Junior School children for the first time this year.

(d) **Swimming**

There has again been progress in this aspect of physical education and the total number of attendances at Ramsden Street and Cambridge Road Baths has reached the total of 115,621 added to this are 7,212 attendances at Milnsbridge Bath, and 68,355 attendances at Salendine Nook Bath.

Children are still encouraged to take the Education Committee tests, as well as those of the Royal Life Saving Society, and the results are as follows—

Borough Swimming Awards			Royal Life Saving Society Awards		
Learners	...	1,531	Intermediate	...	257
Elementary...		969	Bronze Medallion		198
Intermediate		408	School Instructors		5
880 yards	...	684			
1 Mile	...	513			
		4,105			460

3. **PLAYING FIELDS**

This year has seen another 6 acres of playing fields become the responsibility of this Department, whilst another 1½ acres were rehabilitated by the Education Committee’s ground staff. The athletics track at Salendine Nook was fully used during the year. It is to be hoped that the first table of the Deighton County Secondary School playing field can be soiled and seeded in the near future, in order to provide a much needed amenity for this school.

The schools without playing fields of their own made good use of the Leeds Road Playing Fields, and 17,716 attendances were made during the year.

4. **SCHOOL GARDENS**

About 22 acres of gardens have been the responsibility of this Department. Further improvements were carried out at Salendine Nook Site, and more decorative standard trees have been planted in the vicinity. The cultivation of the waste ground bordering Fartown County Secondary School, at Wasp Nest Road, has been completed, and more decorative trees have been planted.

5. **OUT OF SCHOOL ACTIVITIES**

The scope of activities is growing continually and with success. The voluntary work of teachers in this connection deserves the highest commendation. More of the younger teachers took an active part in these activities, and several volunteered for the various administrative posts in the Huddersfield Schools’ Sports Association. The Huddersfield Schools’ Athletics Association is responsible for the organisation of the greater part of these activities, which include association football, netball, rounders, cricket, athletics and swimming and it

is fortunate in having the services of Mr. N. Chapman as its hard-working secretary. Rugby football in the junior and secondary modern schools is organised by the Huddersfield School's Amateur Rugby League. Huddersfield New College and St. Gregory's Grammar School, which play Rugby Union, arrange their own fixtures with neighbouring West Riding Grammar Schools.

(a) **Cricket**

The Cricket Section had a very successful season. A town team was selected and entered in the Yorkshire Schools' Cup Competition. It is to be congratulated on reaching the final after disposing of Bradford, Leeds, Airedale and Wharfedale and Castleford. Only one game was played in the annual fixture against Oldham, which Huddersfield won.

The season has been a particularly rewarding one for the Secretary, Mr. P. Westerby, and the Chairman, Mr. Hewitt, who must be given full credit for the achievement of the cricket section this year.

(b) **Rounders**

As in previous years one league was formed for the junior schools in which 12 schools took part, and two leagues, together with a Knock-out Tournament were arranged for the secondary schools.

Six schools took part in the two Leagues, Under 13 and the Under 15 Leagues, and also in the Tournament. In spite of the inclement weather all schools managed to play their matches. The two secondary school trophies were won by Rawthorpe, and the junior trophy by Deighton.

Miss J. Bell is to be thanked for her work as Secretary.

(c) **Netball**

Enthusiasm for netball in the junior schools appears to flourish and Birkby County Primary School was the first winner of the new trophy.

All the matches were played in the Secondary Schools' League in which all the secondary schools took part. The annual tournament was held at Salendine Nook in which ten schools took part. Greenhead High School is to be congratulated on winning the tournament.

Miss Watson is to be thanked for her work as Secretary.

(d) **Rugby Union**

Rugby Union continues to flourish at Huddersfield New College and St. Gregory's R.C. Grammar School. The Huddersfield & District teams had some excellent away games with Manchester & District and Merseyside Under 15 teams, the former at Broughton Park Rugby Union Ground at Manchester.

Mr. R. Capper is to be thanked for his excellent work in this connection

(e) **Rugby League**

The Schools' Amateur Rugby League, of which Mr. T. Armitage is the industrious Secretary, has had another good season. There were 20 teams which played in 3 Leagues, with 7 in each of 2 senior age groups, and 6 in the junior school League.

The Town team was not very successful this year in the Yorkshire Schools' Cup Competition. It also took part in the seven-a-side competition this year, which was held at Doncaster.

The Huddersfield Schools' Rugby League staged the Yorkshire versus Lancashire County match which proved to be a success.

(f) **Association Football**

The Huddersfield Schools' Football Association had 33 schools affiliated as "playing" members, although all schools in the borough, including girls' schools, were affiliated in order to insure teachers, through the English Schools' Football Association, against legal claims which could arise from accidents in any voluntary school sport.

From these schools, 48 football teams took part in Leagues of different age groups, so that on many Saturday mornings more than 420 boys were playing in League and cup competitions. This fulfils the main aim, that as many boys as possible should enjoy playing inter-school Association.

Even so, much effort and time were taken in selecting and training a Town Boys' Team to represent the Association, which competed in the English School's Cup Competition reaching the 2nd Round, and in the Wylie Shield, reaching the 3rd round of that competition.

Tests held in May resulted in 41 English Schools' Football Association Proficiency Test certificates being awarded to boys in 12 of the primary schools.

Mr. Broadhead is to be thanked for his work as Secretary.

(g) **Athletics**

This has been the most outstanding year for the Athletics Section as it staged the Yorkshire Schools' Athletic Championships in June at the Salendine Nook Athletics Track, in which over 1,500 children from all over Yorkshire took part. It proved to be one of the best Championships ever held, a worthy complement to the Organising Committee.

The Huddersfield team did extremely well in these Championships and had much to be proud of as it obtained 21 places in the finals, finishing in 5th position out of the 29 competing Associations. As a result of this two boys and two girls were chosen to represent Yorkshire in the English Schools' Athletics Championships held at Chesterfield in July. Huddersfield also entered three teams in the Yorkshire Schools' Cross-Country Championships at Halifax in February. These were not as successful as in the previous years but three boys were selected to represent Yorkshire in the Schools' National Cross-Country Championships.

The Huddersfield Schools' own Athletic Championships were held at Salendine Nook in June. Huddersfield New College won the Boys' Trophy, Greenhead High School won the Girls' Trophy, and Salendine Nook County Secondary School won the Combined Trophy. The Cross-Country Championships were held in December at St. Gregory's R.C. Grammar School.

Many teachers have given their time and knowledge unstintingly and have every reason to be proud of the continued rise in the standard of athletics.

Mr. J. White is to be thanked for his year's work as Secretary.

(h) **Swimming**

Swimming during 1961 proved to be another eventful year for the Huddersfield Schools' Swimming Association. Five very successful galas were held, one of which was held purely for primary school children. This proved to be an extremely popular and keenly contested gala. 2,190 children took part in the five galas.

The Huddersfield team finished fourth in the Yorkshire Schools' Open Gala at Leeds, higher than ever before. Seven swimmers were selected to represent Yorkshire in a match versus Lancashire, which is held every other year, while five swimmers were chosen to represent Division 3 at the 12th National Championships, a record for the Association. This is due to the success of the Advanced Training Scheme, together with the excellent work of the swimming teachers.

Huddersfield High School is to be congratulated on gaining 5th place in the Finals of the Schools' Team race at the English Schools' Swimming Association's National Championships.

Mr. T. Burgin is to be thanked for his work as Secretary during the year.

6. PHYSICAL EDUCATION IN THE YOUTH SERVICE

A three term course in training in physical education, similar to the one instituted three years ago, to recruit young women as leaders in physical education was arranged again this year.

A refresher course for men teachers of physical education was held at Salendine Nook County Secondary School, and again proved a success.

Cricket continued in the Civic Youth Clubs and nine clubs took part this year in the Civic Youth Club League. The season concluded with a representative match against York at Highfields Playing Fields.

Basketball continues to expand and there are now 10 teams connected with 4 Civic Youth Clubs in the Huddersfield and District Basketball League.

The Civic Youth Clubs took part in the Red Triangle football League during the winter, and most of the matches were accommodated on the Education Committee playing fields.

Sailing continues to be one of the features at Moldgreen Civic Youth Club. A second canoe has also been built at Deighton Civic Youth Club and a revival of interest is therefore anticipated.

In September, 5 boys from Lockwood Civic Youth Club gained the Duke of Edinburgh's Silver Award. Much of their expedition and mountain rescue training being conducted at Kyndwr Scwd Mountain Training Centre, Derbyshire.

Three girls from the Civic Youth Club were chosen to represent the Yorkshire County Netball Association in inter-county matches.

Milnsbridge Civic Youth Club again gained honours in the field of Olympic Gymnastics. One member gained the Yorkshire title for vaulting and agility and another member gained 2nd place in the Yorkshire Intermediate Championships for vaulting and agility.

Deighton Civic Youth Club has been particularly successful in

5-a-side football and basketball competitions. In the latter they became the Northern Under 18 Champions.

Other activities undertaken during the year by the Huddersfield Youth Committee were:—

1. Huddersfield Youth Cross-Country Championships at Newsome County Secondary School in May.
2. Huddersfield Youth Athletic Sports Championships at Leeds Road Playing Fields in June.
3. The weekly fixtures of the Youth Netball League in which 12 teams took part in the summer league, and 9 in the winter League.
4. The Youth Gala at Cambridge Road Baths in July.

The Huddersfield Youth Clubs also took part in the following Yorkshire Youth Sports' Association activities:—

- (a) Table Tennis Tournament at Huddersfield in February.
- (b) Cross-Country Competition at Harrogate in March.
- (c) Netball Tournament at Bradford in May.
- (d) Tennis Tournament at Rawdon in June.
- (e) Athletics Sports at Leeds in July.
- (f) Swimming Gala at Wakefield in October.
- (g) Badminton Competition at Bradford in December.
- (h) Week-end course at Lilleshall National Recreation Centre in December, for badminton and table-tennis.

Thanks are again due to Mr. D. Swann, the Youth Officer, who left us in September, and his successor, Mr. J. Wood, together with the willing band of Youth Leaders for their untiring efforts in creating enthusiasm for physical education amongst the Civic Youth Clubs, and for their close co-operation with this department at all times.

7. CONCLUSION

In concluding this report, I would like to express my appreciation of the generous help received from the Chief Education Officer and his personal staff, and the helpful co-operation of the official staff. This year has also seen a continuation of the friendly co-operation between the Huddersfield teachers and this department.

The encouragement given by the Education Committee to physical education is a stimulus at all times.

J. EDWARDS
General Organiser.

